

# MONTANA STATE HOSPITAL POLICY AND PROCEDURE

#### SELF-MUTILATIVE PRECAUTIONS

Effective Date: November 7, 2003 Policy #: TX-13

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- **I. PURPOSE:** To outline guidelines for the prevention of self-inflicted injury by self-mutilative patients.
- **II. POLICY:** Hospital staff will be alert to self-mutilative potential in patients. Specific self-mutilative precautions will be implemented with patients who are threatening, or engaging in deliberate self-harm behaviors without suicidal intent.
- III. **DEFINITIONS:** None

#### IV. RESPONSIBILITIES:

- A. <u>Direct Care Staff</u>: Observe, assess, report, search for contraband, and document.
- B. <u>Practitioner (attending physician or advanced practice registered nurse)</u>: Assess, evaluate, order and discontinue precautions, and document.

#### V. PROCEDURE:

- A. Staff Responsibilities
  - 1. Patients will be assessed for risk of self-mutilative behaviors.
  - 2. A licensed nurse will then obtain an order for self-mutilative precautions from the practitioner.
  - 3. The practitioner will evaluate a patient placed on self-mutilative precautions within 24 hours and document the results of this assessment in the Progress Notes.
  - 4. Staff will make visual contact with the patient every 15 minutes or as otherwise specified in the practitioner's order
  - 5. Staff will conduct a patient search for contraband each shift. However, it is not necessary to awaken a sleeping patient to conduct this search. See Contraband and Searches Policy for definition of contraband and procedural details.

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- 6. Staff will write a summary note in the Progress Notes each shift and document on the Observation Flow Sheet hourly. Documentation will summarize staff observations and interventions, patient activities, and responses.
- 7. The treatment team, in consultation with the practitioner, will reassess the need to continue self-mutilative precautions daily. Reason(s) for continuing precautions will be documented in the Progress Notes.
- 8. When the treatment team in consultation with the practitioner, agrees the patient is no longer at risk, these precautions will be discontinued with a practitioner's order. Documentation in the Progress Notes will include the reason(s) precautions were discontinued.

## B. Patient Responsibilities

- 1. During waking hours, the patient will reside in the unit dayhall or an area specified by the unit which allows for close observation. Patients may go to the dining room and/or attend supervised activities at staff discretion with close observation.
- 2. The patient will sleep in an area where close observation can be provided.
- VI. REFERENCES: Contraband and Searches Policy
- VII. COLLABORATED WITH: Medical Director, Director of Quality Improvement
- VIII. RESCISSIONS: #TX-13, Self-Mutilative Precautions dated February 14, 2000; H.O.P.P. #13-09/002M.B.070693, Self-Mutilative Precautions dated July 1993.
- **IX. DISTRIBUTION:** All hospital policy manuals.
- X. REVIEW AND REISSUE DATE: November 2006
- XI. FOLLOW-UP RESPONSIBILITY: Director of Nursing Services
- XII. ATTACHMENTS: None

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Ed Amberg Hospital Administrator	Date	Thomas Gray, MD Medical Director	Date